

**The Tulalip Tribes**  
**Licensing Administrator**  
 6319 23<sup>rd</sup> Ave. NE  
 Tulalip, WA 98271  
 Telephone: (360) 651-3361

THE TULALIP TRIBES BUSINESS LICENSE NUMBER

OWNER/BUSINESS NAME (Please print clearly)

## MASTER APPLICATION

Please type or printer clearly in dark ink.

**A**

### PAYMENT SUMMARY

**FEE**

Enclose check for total amount due, including application fee, which MUST be submitted with this form.

*Make check payable to: **The Tulalip Tribes.***

APPLICATION FEE

**\$ 50.00**

TOTAL AMOUNT PAID

\$

**B**

### BUSINESS OWNERSHIP or INDIVIDUAL TO BE LICENSED

(complete appropriate section for business ownership type or provide information about individual to be licensed.)

Check all that apply  <input type="checkbox"/> SOLE PROPRIETOR  <input type="checkbox"/> INDIVIDUAL TO BE LICENSED	Owners Name (Last, First, Middle)		Social Security Number - -
	Home Address (Street or Route, P.O. BOX, City, State, Zip)		Home Telephone Number ( ) -
	Spouse (Last, First, Middle)	Is the name of the spouse to appear on this license? <input type="checkbox"/> YES <input type="checkbox"/> NO	Social Security Number - -
<b>PARTNERSHIP</b>  List Partners  In Section C	Partnership Name if any <input type="checkbox"/> Limited (limited write name exactly as registered with Secretary of State)		Number of Partners
	Partnership Mailing Address (Street or Route, P.O. BOX, City, State, Zip)		
<b>CORPORATION</b>  List Corporate Officers in Section C	Corporation Name (Exactly as registered with State of Washington)		Date of Incorporation
	Number of Corporate Officers	Are any Corporate Officers in Washington also Directors and Shareholders? <input type="checkbox"/> YES <input type="checkbox"/> NO	State of Incorporation
<b>LIMITED LIABILITY COMPANY</b>  List of Managers or Members in Section C	Company Name (Exactly as registered with State of Washington)		Date of Formation
	Number of Managers ( if no managers, number of members)		State of Formation
<b>OTHER</b> List Principals in Section C	Name of the Organization	Type of Organization	Business Mailing Address (Street or Route, P.O. BOX, City, State, Zip)

**C**

### Miscellaneous Information

#### TERO EMPLOYMENT

**TERO (360) 651-3732**

Employers engaged in work within the exterior boundaries of the Tulalip Reservation are required to give preference to Indian employees in hiring, promotion, training and all other aspects of employment, contracting, or subcontracting and must comply with the TERO Ordinance.

#### FOOD HANDLERS

The Tulalip Tribes has adopted a Food Handlers Ordinance # 74

Please for those businesses that are handling food you must now show proof of your current food handlers card

**D PARTNERS, CORPORATE OFFICERS OR LIMITED LIABILITY COMPANY MANAGERS** (or members if no managers were elected.)

Name (Last, First, Middle)	Birth date	Social Security Number - -	% Owned
Home Address (Street or Route, P.O. Box, City, State, Zip)		Home Telephone Number ( ) -	Title
Spouse (Last, First, Middle)	Social Security Number - -		
Name (Last, First, Middle)	Birth date	Social Security Number - -	% Owned
Home Address (Street or Route, P.O. Box, City, State, Zip)		Home Telephone Number ( ) -	Title
Spouse (Last, First, Middle)	Social Security Number - -		

(Attach additional sheets if necessary)

**E BUSINESS INFORMATION** (Complete for actual location where business will be conducted.)

Date business first will be (was) conducted, under this owner, at this WA location:  Mo <input type="checkbox"/> Day <input type="checkbox"/> Yr <input type="checkbox"/>	Firm/Trade Name		
	Business Mailing Address ( Street or Route, P.O. Box, Suite # - Do not use building name)		
	City	State	Zip
Business Location (Street or Route, City, State, Zip – Physical Location Only)			Business Telephone Number ( ) -
FAX Number ( ) -			
Is this Business <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	County		Total number of business location's you have on the Tulalip Indian Reservation
Estimated Gross Annual Income on the Tulalip Indian Reservation			Your Federal I.D. Number (FIN)
Describe in detail the principle products sold or services you provide on the Reservation. Indicate if sales are retail or wholesale and if products are manufactured on the reservation:			Number of Employees:
			Is this an Indian Owned Business <input type="checkbox"/> YES <input type="checkbox"/> NO
Name and Address of Personal or Business References (Street or Route, P.O. Box, City, State or Zip)			Are you licensed by the Casino/Gaming <input type="checkbox"/> YES <input type="checkbox"/> NO
			Telephone Number ( ) -
Bank Name (where you do business)		Bank Branch Name	
Is this business owned by, controlled by, or affiliated with any other business entity? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, list other business entity:	
Is this a Nonprofit Organization for educational, religious, or charitable purpose? <input type="checkbox"/> YES <input type="checkbox"/> NO			

**F SIGNATURE** (of sole proprietor or spouse, partner(s), corporate officer(s), or limited liability manager(s) or member(s).)

Signature(s) required (if a corp., corporate officer must sign; if a limited liability co., manager must sign) X	Title	Date	
X	Title	Date	
X	Title	Date	
Application prepared by (please print)	Title	Telephone Number ( ) -	Date